



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Zobeida Medina Serrano  
Participant's Address: PO Box 9889, Cidra, PR 00739  
Participant's Email Address: profzmedina@yahoo.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: Case No. 17 BK 3283-LTS/179433 /179428  
Nature of Claim: See Attached

By: Zobeida Medina Serrano  
Signature  
Zobeida Medina Serrano  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

9/7/2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

You may also submit your claim electronically by visiting <http://cases.primeclerk.com/puertorico/EPOC-Index>

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

MMLID: 769856

EPOC ID: 170328301211101

RECEIVED

JUN 25 2021

PRIME CLERK

Debtor Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule D -- Trade Vendor Obligations as a Contingent, Unliquidated general unsecured claim in an Undetermined amount. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule D -- Obligaciones Comerciales como un reclamo Contingente, Sin liquidez no asegurado por un monto Indeterminado. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quiénes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

☐ Date Stamped Copy Returned  
☐ No Self-Addressed Stamped Envelope  
☒ No Copy Provided

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

ZOBEIDA MEDINA SERRANO

Name of the current creditor (the person or entity to be paid for this claim)  
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor  
Otros nombres que el acreedor usó con el deudor



Claim Number: 179428  
Modified Official Form 410

Proof of Claim

170328301211101

page 1

2. Has this claim been acquired from someone else?  ¿Esta reclamación se ha adquirido de otra persona?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? SI. ¿De quién?	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  ¿A dónde deberían enviarse las notificaciones al acreedor?  Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)	Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?  Zobeida Medina Serrano HC 1 BOX 8000 AGUAS BUENAS PR 00703  Contact phone / Teléfono de contacto  Contact email / Correo electrónico de contacto	Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)  Zobeida Medina Serrano PO Box 9889 Cidra PR 00739  Contact phone / Teléfono de contacto  Contact email / Correo electrónico de contacto
4. Does this claim amend one already filed?  ¿Esta reclamación es una enmienda de otra presentada anteriormente?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) SI. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) Filed on / Presentada el (MM/DD/YYYY) / (DD/MM/AAAA)	
5. Do you know if anyone else has filed a proof of claim for this claim?  ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? SI. ¿Quién hizo la reclamación anterior?	

**Part 2 / Parte 2:**

**Give Information About the Claim as of the Petition Date**

**Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.**

6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico?  ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: <a href="https://cases.primeclerk.com/puertorico/">https://cases.primeclerk.com/puertorico/</a> .) SI. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: <a href="https://cases.primeclerk.com/puertorico/">https://cases.primeclerk.com/puertorico/</a> .)  Departamento de Educación de Puerto Rico
7. Do you supply goods and / or services to the government?  ¿Proporciona bienes y / o servicios al gobierno?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / SI. Proporcionar la información adicional establecida a continuación:  Vendor / Contract Number / Número de proveedor / contrato:  List any amounts due after the Petition Date (listed above) but before June 30, 2017: Añote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$



12. Is this claim subject to a right of setoff?

☐ No / No

¿La reclamación está sujeta a un derecho de compensación?

☒ Yes. Identify the property / Sí. Identifique el bien:

Aumento retroactivo no pagado

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☐ No / No

¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?

☒ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim.

\$40,000.00

Sí, indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considerará una firma.

Check the appropriate box / Marque la casilla correspondiente:

☒ I am the creditor. / Soy el acreedor.

☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 6/7/2021 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma

Zobeida Medina Serrano

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

Zobeida Medina Serrano

Title / Cargo

Maestra Bibliotecaria (Acreedor)

Company / Compañía

Departamento de Educación de PR

Identify the corporate servicer as the company if the authorized agent is a servicer. Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

P.O. Box 9889

Number / Número

Street / Calle

Cidra

City / Ciudad

PR

State / Estado

00739

ZIP Code / Código postal

Contact phone / Teléfono de contacto 939-253-2653

Email / Correo electrónico prof2.medina@yahoo.com



8. How much is the claim?  ¿Cuál es el importe de la reclamación?	<u>\$ Indeterminado</u>  Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos? <input type="checkbox"/> No / No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).
9. What is the basis of the claim?  ¿Cuál es el fundamento de la reclamación?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.  <u>Ley 96 de Sila Calderón, Ley 89 el Romerazo, Ley 164 Escala Salarial, todo lo que aplique a mi caso</u>
10. Is all or part of the claim secured?  ¿La reclamación está garantizada de manera total o parcial?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.  Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos <input type="checkbox"/> Other. Describe: _____ Otro. Describir: _____  Basis for perfection / Fundamento de la realización de pasos adicionales: _____  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.  Value of property / Valor del bien: \$ _____  Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ _____  Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)  Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____  Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ % <input type="checkbox"/> Fixed / Fija <input type="checkbox"/> Variable / Variable
11. Is this claim based on a lease?  ¿Esta reclamación está basada en un arrendamiento?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ _____



**GOBIERNO DE PUERTO RICO**  
**Sistema de Retiro para Maestros**

**CERTIFICACIÓN**

Certifico la siguiente información referente a la pensión de la **Prof. Zobeida Medina Serrano**, con número de seguro social que termina en **1043**.

<b>Fecha de Efectividad de la Pensión</b>	<b>21 de diciembre de 2007</b>
<b>Tiempo Cotizado para la Pensión</b>	<b>30 años, 0 mes, 0 sem, 0 día</b>
<b>Pensión Mensual Inicial</b>	<b>\$2,102.50</b>
<b>Pensión Mensual Actual</b>	<b>\$2,102.50</b>

Esta certificación se expide hoy, 10 de junio de 2021 en San Juan, Puerto Rico.

*Cynthia Sanjurjo Santos*

**Cynthia Sanjurjo Santos**  
**Supervisora**  
**Centro de Contacto**

sba

235 Avenida Arterial Hostos • Edificio Capital Center • Torre Norte, Hato Rey • Puerto Rico  
00918 P.O. Box 191879 • San Juan PR 00919-1879



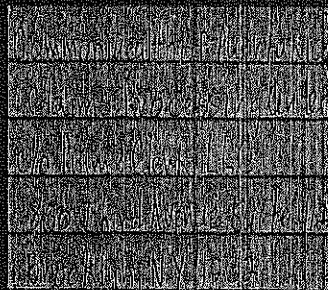


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CERTIFICADO

VITALICIO

ESTADO LIBRE ASOCIADO DE PUERTO RICO  
DEPARTAMENTO DE INSTRUCCIÓN PÚBLICA  
SAN JUAN DE PUERTO RICO

## LA SECRETARIA DE INSTRUCCIÓN PÚBLICA

POR LA PRESENTE CONFIERE A:

ZOBEIDA MEDINA SERRANO

EL PRESENTE CERTIFICADO DE MAESTRO QUE LO FACULTA PARA EJERCER COMO

MAESTRA DE ESCUELA SECUNDARIA

(Español)

EN LAS ESCUELAS PÚBLICAS O PRIVADAS DEL ESTADO LIBRE ASOCIADO DE PUERTO RICO

EXPEDIDO DESDE 9 de junio DE 1982.

DADO EN SAN JUAN DE PUERTO RICO EL 19 de octubre DE 1983.

Número 1006

SECRETARIA DE INSTRUCCIÓN PÚBLICA



# DEPARTAMENTO DE EDUCACIÓN

Department of Education

ESTADO LIBRE ASOCIADO DE PUERTO RICO

Commonwealth of Puerto Rico

*Certificado Vitalicio*

*Life Certificate*

El Secretario de Educación por la presente confiere a

The Secretary of Education hereby issues to

**ZOBEIDA MEDINA SERRANO**

el presente Certificado que lo faculta para ejercer como

this Certificate that entitles the holder to perform as

**MAESTRO(A) BIBLIOTECARIO**

**TEACHER LIBRARIAN**

en las escuelas publicas o privadas de Puerto Rico.

in the School System of Puerto Rico.

Expedido el

27 de noviembre

de 2012

Issued on

November 27

2012

Dado en San Juan de Puerto Rico, el

27 de noviembre

de 2012

Given at San Juan Puerto Rico on

November 27

2012

Dr. Edward Moreno Alonso

Secretario de Educación

Secretary of Education

Número de Certificado: 990446

Certificate Number: 990446

Zobeida Medina Serrano  
PO Box 9889  
Cidra, PR 00739



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U.S. DISTRICT COURT  
SAN JUAN, P.R.

United States District Court  
Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, PR 00918-1767



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: STEPHEN L. BRUSS

Participant's Address: 4 KAYSER LANE WEST ORANGE, NJ 07052

Participant's Email Address: SELBY1112@COMCAST.NET

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 3

Nature of Claim: \_\_\_\_\_

By: Stephen Bruss  
Signature

STEPHEN BRUSS  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

SEPT. 1, 2021  
Date

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2021 SEP 14 PM 3:11  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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STEPHEN BRUSS  
4 KAYSER LANE  
WEST ORANGE, NJ 07052

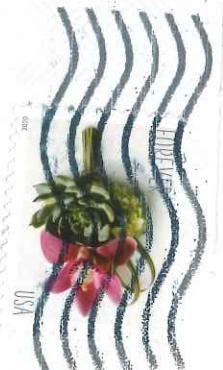
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U.S. DISTRICT COURT  
SAN JUAN, PR

U.S. District Court  
Clerks Office  
150 AVE CARLOS CHALDON - STE 150  
SAN JUAN, PR 00918-1767

00918-170625



DV DANIELS NJ 070  
3 SEP 2021 PM 2 L



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Framyr M. Santiago Cabrera

Participant's Address: PO Box 2023, Guaynabo, PR 00970

Participant's Email Address: fsantiago019@gmail.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Promesa Title III / Commonwealth of PR

By: [Signature]

Signature

Framyr M. Santiago Cabrera

Print Name

Title (if Participant is not an individual)

8/23/21

Date

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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Framyr M. Santiago  
PO Box 2023  
Guaynabo, PR 00970

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2021 SEP 14 PM 3:11

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U.S. DISTRICT COURT  
SAN JUAN, PR

United States District Court  
Clerk's Office  
150 Ave. Carlos Chardón Ste. 150  
San Juan, PR 00918-1767

00918-170625



MEMPHIS TN 380  
6 SEP 2021 PM 1:11



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Maria S. Pérez Nieves

Participant's Address:

Box 705 Quebradillas PR. 00678

Participant's Email Address:

nievesperezmaria8@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

No. 17BK 3283-LTS

Nature of Claim:

By:

Maria S. Pérez Nieves  
Signature

Maria S. Pérez Nieves  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

\_\_\_\_\_  
Date

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2021 SEP 14 PM 3:10  
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U.S. DISTRICT COURT  
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Main S. Reina Vieles  
Box 205  
Quevedos P.R. 00678

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U.S. DISTRICT COURT  
SAN JUAN, P.R.

United States District Court, Clerk's  
Office, 150 Ave. Carlos Chardon Ste. 150  
San Juan P.R. 00918-1767

00918-170625



MEMPHIS TN 380  
06 SEP 2021 PM 5 L





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Katherine Bermúdez Matos

Participant's Address:

C/12 M-10, Rages de Plata, San Juan P.R. 00949

Participant's Email Address:

ORKA1820@hotmail.com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

No. 17 BK 3283 - LTS (Jointly Administered)

Nature of Claim:

Promesa Title III

By:

Katherine Bermúdez Matos

Signature

Katherine Bermúdez Matos

Print Name

Title (if Participant is not an individual)

Date

30 agosto 2021

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Katherine Bernier Platts  
Orlando Jimenez Rodriguez  
C/12 M-10 Urb. Pags de Plata  
Vta Baja, P.R. 00949

RECEIVED & FILED

2021 SEP 14 PM 3:10

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

00918-170625



United States District Court  
Clerk's Office  
150 Ave. Carlos Chardon Ste 150,  
San Juan, P.R. 00918-1767



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Orlando Jiménez Rodríguez

Participant's Address: C/12 M-10, Lagos de Plata, Toa Baja

Participant's Email Address: orka1820@hotmail.com

Name of Counsel: N/A

Address of Counsel: N/A

Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: No. 17 BK 3283-LTS (Jointly Administered)

Nature of Claim: Procesa Title III

By: Orlando Jiménez Rodríguez  
Signature

Orlando Jiménez Rodríguez  
Print Name

Title (if Participant is not an individual)

30/ agosto / 2021  
Date

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2021 SEP 14 PM 3:10  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



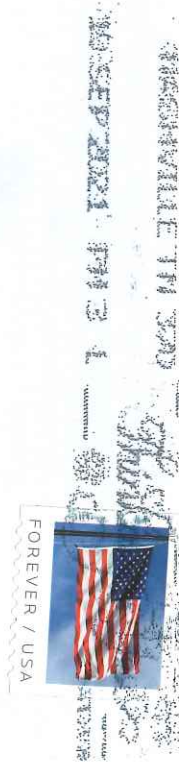
Katherine Bernier Stots  
Orlando Jimenez Rodriguez  
C/12 M-10 Urb. Pogos de Plata  
Vieques, P.R. 00949

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

00918-170625



United States District Court  
Clerk's Office  
150 Ave. Carlos Chardon Ste 150,  
San Juan, P.R. 00918-1767



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Fernando M. Diaz Ortiz

Participant's Address:

C-31-14 Ste. Monica Bay. P.R. 00957

Participant's Email Address:

diazmuttra@yahoo.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17BK 3283-LTS

Nature of Claim:

Promote Title III

By:

Fernando Diaz  
Signature

Fernando Diaz  
Print Name

Title (if Participant is not an individual)

23/ agosto / 2021

Date

RECEIVED & FILED  
2021 SEP 14 PM 3:10  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Remonde Ding  
C/3L-14 Sta. Monica  
Bay. P.R. 00957

RECEIVED & FILED  
2021 SEP 14 PM 3:10  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

United State District Courts Clerk  
150 ave. Carlos Chardon Ste. 150  
San Juan, P.R. 00918-1767

00918-170625



MEMPHIS TN 380  
1 SEP 2021 PM 2 L  
J. Q. HINDS  
FOREVER USA ON





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Helbert Soto Troche  
Participant's Address: Hc 37 Box 7792 Guanica, P.R. 00693  
Participant's Email Address: HSotoTroche@gmail.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283 -LTS  
Nature of Claim: \_\_\_\_\_

By: Helbert Soto Troche  
Signature  
Helbert Soto Troche  
Print Name  
Conserje  
Title (if Participant is not an individual)  
17 agosto 2021  
Date

RECEIVED & FILED  
2021 SEP 14 PM 3:10  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Helbert Soft Trade  
Hc 37 Box 7792  
Duanica, P.R. 00653

RECEIVED & FILED  
2021 SEP 14 PM 3:10  
CLERK'S OFFICE  
DISTRICT COURT  
SAN JUAN, P.R.

00918-17105



United State District Court  
Clerk's Office 150 Ave.  
Carlos Charden Ste 150,  
San Juan, P.R. 00918-1767



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Luis A. Fuentes Torres  
Participant's Address: Strae Cristal Urb Vega Sereva Vega, P.R. 00693  
Participant's Email Address: FuentesTorre123@gmail.com  
Name of Counsel: N/A  
Address of Counsel: N/A  
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 26802  
Nature of Claim: 17 BK 3283-LTS

By: Luis A. Fuentes Torres  
Signature

Luis A. Fuentes Torres  
Print Name

NO WORKING  
Title (if Participant is not an individual)

Aug 29, 2021  
Date

RECEIVED & FILED  
2021 SEP 14 PM 3:09  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



1

Presente Pruebas y Evidencia  
que Trabaje Para el Departamento de  
Salud Para la Fecha 1987-1999

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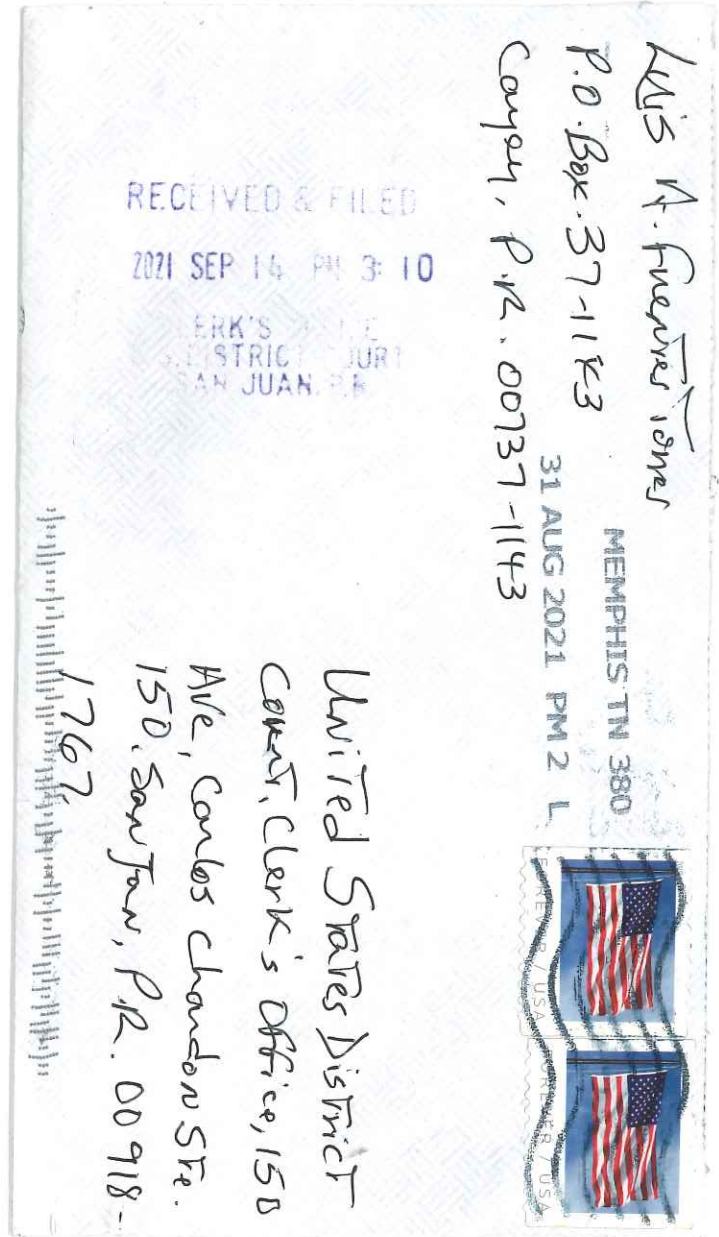
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en el  
Departamento de Salud

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Envie carta  
por Salud que  
yo fue Empleado  
Regular



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK <sup>3566</sup> 3283- LTS

Nature of Claim: Promesa III

By: \_\_\_\_\_

Signature Kevin F. Leiva Perez

Print Name \_\_\_\_\_

Title (if Participant is not an individual)

05/8/21

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Kevin Feirer Perez  
Repts. Metropolitan  
46 SE #1216  
San Juan, P.R. 00921

RECEIVED & FILED

2021 SEP 14 PM 3:09

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

00918-170625



United States District Court, Clerk's  
Office, 150 Ave. Carlos Chardon St. 150  
San Juan, P.R. 00918-1767

MEMPHIS, TN 380  
6 SEP 2021 PM 1 L

Thinking



Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Milagros Cotto Zavala

Participant's Address:

Plaza Ocho #86 Gran Vista II, San Juan, PR

Participant's Email Address:

milly1692@hotmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

60106

Nature of Claim:

Pension / Retiree claims

By:

Signature

Milagros Cotto Zavala

Print Name

Title (if Participant is not an individual)

29/08/20

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Milagros Cotto  
Plaza Ocho #86  
Gran Vista II  
Guabo, P.R. 00778

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT

20 SEP 15 PM 2:59

United States District Court, Clerk's Office  
150 Ave. Carlos Chardon Ste 150  
San Juan, PR 00918-1767

00918-170625



MEMPHIS TN 380  
1 SEP 2021 PM 4 L





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Aida L. Padin Rodriguez

Participant's Address:

Calle Lamela #75 Quebradillas, P.R. 00628

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

135489

Nature of Claim:

Public Employee and Pension / Retiree Claims

By:

Aida L. Padin Rodriguez  
Signature

Aida L. Padin Rodriguez  
Print Name

Individual

Title (if Participant is not an individual)

08-27-2021

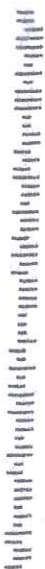
Date

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*Lilia G. Padilla Rodriguez*  
*Calle Sanada # 75*  
*San Juan, P.R. 00678*

REC'D  
CLERK OF COURT  
U.S. DISTRICT COURT  
SAN JUAN, P.R.  
2021 SEP 14 PM 2:59

00918-170625



*United States District Court,*  
*Clerks Office*  
*150 Ave. Carlos Chardon St. 150*  
*San Juan, P.R. 00918-1767*

MEMPHIS TN 380  
6 SEP 2021 PM 3 L



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Aida L. Padin Rodriguez

Participant's Address:

Calle Lamela #75 Quebradillas, P.R. 00678

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

140349

Nature of Claim:

Public Employee and Pension / Retiree Claims

By:

Aida L. Padin Rodriguez  
Signature

Aida L. Padin Rodriguez  
Print Name

Individual

Title (if Participant is not an individual)

08-27-2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Lisa J. Palmer Redington  
calle Sanola #75  
Guadalupe, P.R. 00678

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CLERK OF COURT  
U.S. DISTRICT COURT  
SAN JUAN, P.R.  
2021 SEP 14 PM 2:59

MEMPHIS TN 380  
6 SEP 2021 PM 3 L



United States District Court,  
Clerk's Office  
150 Ave. Carlos Chardon St. 150  
San Juan, P.R. 00918-1767

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Aida L. Padin Rodriguez

Participant's Address:

Calle Lamele # 75 Quebradillas, P.R. 00678

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

140357

Nature of Claim:

Public Employee and Pension / Retiree Claims

By:

Aida L. Padin Rodriguez  
Signature

Aida L. Padin Rodriguez  
Print Name

Individual

Title (if Participant is not an individual)

08-27-2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

*Lilia J. Padin Rodriguez  
Calle Sanaleja # 75  
Quebec, P.R. 00678*

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CLERK  
U.S. DISTRICT COURT  
SAN JUAN, P.R.  
2021 SEP 14 PM 2:59

00918-170625



*United States District Court,  
Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, P.R. 00918-1767*

MEMPHIS TN 380  
6 SEP 2021 PM 3 L





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Aida L. Padin Rodriguez

Participant's Address: Calle Lamiela #75 Quebradillas, P.R. 00678

Participant's Email Address: \_\_\_\_\_

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 143721

Nature of Claim: Public Employee and Pension / Retiree Claims

By: Aida L. Padin Rodriguez  
Signature

Aida L. Padin Rodriguez  
Print Name

Individual  
Title (if Participant is not an individual)

08-27-2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Lilia J. Padilla Pedraza  
Calle Venezuela # 15  
Guadalupe, P.R. 00678

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CLERK OF COURT  
U.S. DISTRICT COURT  
SAN JUAN, P.R.  
2021 SEP 14 PM 2:55

MEMPHIS TN 380  
6 SEP 2021 PM 3 L



United States District Court,  
Clerk's Office  
150 Ave. Carlos Chardon St. 150  
San Juan, P.R. 00918-1767

00918-170625



Participant must provide all of the information below **in English**:

RECEIVED & FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2021 SEP 14 PM 2:59

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Enrique Rodriguez Ortiz

Participant's Address:

HC 37 Box 4595 Guánica, PR 00653

Participant's Email Address:

I don't have it.

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Veteran's claim number 18 565 555

Nature of Claim:

US Army veteran

By:

Enrique Rodriguez Ortiz  
Signature

Enrique Rodriguez Ortiz

Print Name

married

Title (if Participant is not an individual)

September 6, 2021

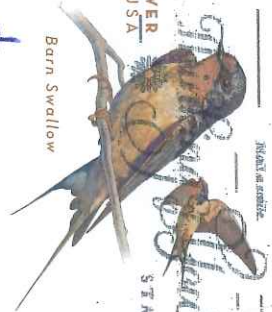
Date

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NASHVILLE TN 370  
10 SEP 2021 PM 5 FOREVER  
USA  
STATION



Barn Swallow

United States District Court  
Clerk's Office, 150 Ave. Carlos  
Chardon St. 150  
San Juan, PR 00918-1767

00918-170625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Julia Pérez Martínez

Participant's Address:

Urb. El Madrigal Calle 11 L-8  
Ponce, P.R. 00730

Participant's Email Address:

julia.perez795@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

julia.perez795@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

59 526

Nature of Claim:

Promesa Title III No. 17 BK 3283-LTS

By:

*Julia Pérez Martínez*  
Signature

Julia Pérez Martínez

Print Name

Title (if Participant is not an individual)

8 de septiembre de 2021

Date

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Julia Pérez  
Mr. E. Madrid  
Calle 11 L-8  
P.R. 00730-1433

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2021 SEP 14 PM 2:

00918-170625

United States District Court, Clerk's  
Office, 150 Ave. Carlos Chardon  
Ste. 150  
San Juan P.R. 00918-1767

NASHVILLE TN 370  
10 SEP 2021 PM 5 L





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Julia Pérez Martínez

Participant's Address:

Urb. El Madrigal Calle 11 L-8 Ponce, P.R.  
00730.1433

Participant's Email Address:

julia.perez795@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

59 526

Nature of Claim:

Promesa III No. 17 BK 3283-LTS

By:

Signature

Julia Pérez Martínez

Print Name

Title (if Participant is not an individual)

8 septiembre de 2021

Date

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RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2021 SEP 14 PM 2:59

Talia Perez Martinez  
Ur b. El Madruga  
Calle 11 L-8  
Ponce, P.R. 00730-1433

United States District Court, Clerk's  
Office, 150 Ave. Carlos Chardon  
Ste. 150  
San Juan, P.R. 00918-1767

00918-170625



NASHVILLE TN 370  
10 SEP 2021 PM 5 L



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Evelyn Pérez Santiago

Participant's Address:

B-26 Urb. Alturas de Coamo, Coamo, P.R. 00769

Participant's Email Address:

evesantiago53@gmail.com

Name of Counsel:

—

Address of Counsel:

—

Email Address of Counsel:

—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17BK3283-LTS - Commonwealth of P.R.

Nature of Claim:

151985

By:

  
Signature

Evelyn Pérez Santiago  
Print Name

III

Title (if Participant is not an individual)

7 septiembre 2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Perez Santiago, Evelyn  
B 26 Urb. Alturas de Coamo  
Coamo, P.R. 00769

CERTIFIED MAIL



7020 1810 0000 5514 9111

United States District Court, Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, P.R. 00918-1767



1000



00918

U.S. POSTAGE PAID  
FORM LETTER  
COAMO, PR  
00769  
SEP 07 '21  
AMOUNT  
**\$7.38**  
R23035102189-03

170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Lydia E. Rios Hernandez Parent of the minor L.E.A.R.  
Participant's Address: RR 02 Box 7030, Manati, P.R. 00674  
Participant's Email Address: adams709@verizon.net  
Name of Counsel: W/A  
Address of Counsel: —  
Email Address of Counsel: —

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 16822

Nature of Claim: JP

By: ✓

Signature

Lydia E. Rios Hernandez

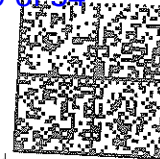
Print Name

W/A  
Title (if Participant is not an individual)

✓ Agosto 12021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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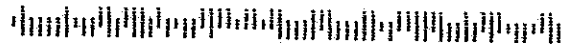
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Lydia E. Rios, parent of then minor L.E.A.R.  
Lydia E. Rios Hernandez  
RR 02 Box 7030  
Manati, PR 00674





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LYDIA E RIOS HERNANDEZ  
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LYDIA E. RIOS HRNANDEZ  
RR 02 BOX 7030  
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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Nereida Negrón Padin

Participant's Address:

PO Box 250610 Aguadilla, P.R. 00604-0610

Participant's Email Address:

nery.negron26@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Suanda S. S. S. S.  
Signature

Nereida Negrón Padin  
Print Name

Title (if Participant is not an individual)

Date

13 septembre 2021  
September 13, 2021

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